## Health Assistance InterVention Education Network



Legislative Testimony Committee on Judiciary Raised Bill No. 1085

An Act Concerning the Legalization of the Retail Sale and Possession of Cannabis and Concerning Erasure of Criminal Records in the Case of Convictions based on the Possession of a Small Amount of Cannabis

Senator Winfield, Representative Stafstrom, Senator Kissel, Representative Rebimbas and members of the Committee on Judiciary my name is Maureen Sullivan Dinnan. I am the chief executive officer of the Health Assistance interVention Education Network for Connecticut Health Professionals, which was created in 2007 following the passage of Connecticut General Statute Section 19a-12a. HAVEN is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony in opposition to the concept set forth in Raised Bill No. 1085, An Act Concerning the Legalization of the Retail Sale and Possession of Cannabis and Concerning Erasure of Criminal Records in the Case of Convictions based on the Possession of a Small Amount of Cannabis.

HAVEN opposes legalizing the recreational use of marijuana. HAVEN does not object to the erasure of criminal records for convictions that were based solely on the possession of a small amount of cannabis.

Currently, there is insufficient evidence regarding the safety of marijuana used recreationally and there is increasing data regarding the risks associated with cannabis use. Some of these significant risks associated are recognized in Raised Bill 7321 which is before the General Law Committee. Under Bill 7321 Section 7 (d) (7), the recognized risks include (A) the risks of driving under the influence of cannabis and the fact that doing so remains illegal; (B) the risk of cannabis use disorder; (C) potential exacerbation of psychotic disorders; (D) adverse effects unique to younger adults, including those related to the developing mind; (E) potential adverse events and other risks; (F) risks of using cannabis during pregnancy or breast feeding; and (G) the need to safeguard cannabis and cannabis products from children and pets. HAVEN has submitted testimony in opposition to Bill 7321 as well as this Bill 1085.

Suggesting cannabis is analogous to alcohol is misleading and wrong. The potency and serving suggestions for marijuana cannot be standardized in the same way regulatory authorities have measured alcohol. There are no measurements for marijuana impairment that relate to how we understand alcohol impairment. While tests allow us to know the alcohol blood ratio impacting the brain, no such standard exists for marijuana. While alcohol impairment rates are considered fairly standard, marijuana impairment rates have been described as "wildly unpredictable." As commercialized marijuana products allow

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for levels of THC that are more potent than in previous decades, some users report effects of acute impairment lasting days after use.

Connecticut claims to be fighting an opioid epidemic. The reality is that the epidemic is not limited to opioids. It is accepted that 10 to 15% of the population will suffer from substance use disorders. Cannabis is a gateway drug. Cannabis is misused and for many, it is the primary reason for entering rehabilitation treatment facilities. Ten percent of regular marijuana users develop a cannabis addiction.

Although HAVEN follows the health and wellness of healthcare professionals, substance use disorders know no race, creed, or socioeconomic bracket. Younger and older professionals, including but not limited to medical students and nursing students have been referred to HAVEN for positive urine drug tests for cannabis. It is not uncommon that these individuals are displaying a discrepancy in their clinical performance as compared to their academic performance, although academic performance may also begin to decline. Neuropsychological testing has demonstrated damage to the executive functioning portion of the brain, (prefrontal cortex) requiring that some of the individuals choose a new career or change disciplines. For some, discontinuing use of cannabis is not sufficient. Unlike brain damage from alcohol, it is considered unlikely that the brain will reconstitute from damage caused by long term cannabis use. The ability to multi-task and efficiently process information may be permanently impaired. In addition, long term cannabis use has been associated with depression, anxiety and other mood disorders.

Legalizing the recreational use of cannabis will likely cause the greatest hardship to the socioeconomically disadvantaged, individuals with mental illness, and individuals predisposed to substance use disorders. Yet, there are no provisions to address the likely increase in the need for social services and mental health/substance use treatment or how we will pay for these resources and services.

Only ten states have legalized cannabis. Connecticut should not be following in those steps at this time. Connecticut legislators must demand more research and data as well as assess the social cost that may offset projected revenue. "An audit of the Colorado system showed financial losses to the point of operating at a deficit with violations of the regulatory system rampant." McGuire J, What are the Costs Associated with Marijuana Legalization? https://ohsonline.com/Articles/2014/09/01Marijuana-Legalization.aspx?p=1.

I would like to again thank the Committee for allowing me to submit testimony on behalf of HAVEN, the health assistance program for Connecticut health professionals in opposition to Bill No. 1085. Should you have any questions I would be happy to make myself available at your convenience.

Respectfully submitted:

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